

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

Serial No. **09/976472**

CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND		* IND		* IND	
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND	7		2				TOTAL IND						
TOTAL DEP	16		13				TOTAL DEP						
TOTAL CLAIMS	23		15				TOTAL CLAIMS						

* IND. DEP. USED FOR ALL NORMAL CLAIMS AFTER AMENDMENT